

SEP 22 2005

WEMMH PTO/SB/17 (07/05)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005****Complete if Known**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 60.00

Application Number	09/689,927
Filing Date	October 12, 2000
First Named Inventor	Lessing, Abha
Examiner Name	Joshua D. Campbell
Art Unit	2179
Attorney Docket No.	16517-3

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility		300		500		200	
Design		200		100		130	
Plant		200		300		160	
Reissue		300		500		600	
Provisional		200		0		0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)		50
Each independent claim over 3 (including Reissues)		200
Multiple dependent claims		360

**Total Claims** -20 or HP =          **Extra Claims**          **Fee (\$)**          **Fee Paid (\$)**         

HP = highest number of total claims paid for, if greater than 20

**Independent Claims** -3 or HP =          **Extra Claims**          **Fee (\$)**          **Fee Paid (\$)**         

HP = highest number of independent claims paid for, if greater than 3

**Multiple Dependent Claims**

**Fee (\$)**          **Fee Paid (\$)**         

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

**Total Sheets** -100 =          **Extra Sheets** /50 =          **Number of each additional 50 or fraction thereof**          **Fee (\$)**          **Fee Paid (\$)**         

**4. OTHER FEE(S)****Non-English Specification, \$130 fee (no small entity discount)**Other (e.g., late filing surcharge): 1<sup>st</sup> month Extension of Time         **Fee Paid (\$)**         60.00**SUBMITTED BY:**

Signature	<u>Clifford W. Browning</u>	Registration No.: (Attorney/Agent)	32,201	Telephone:	(317) 634-3456
Name (Print/Type):	Clifford W. Browning	Date:	September 19, 2005		

**CERTIFICATE OF MAILING OR TRANSMISSION**

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Name (Print/Type)	<u>CLIFFORD W. BROWNING</u>		
Signature	<u>Clifford W. Browning</u>	Date	September 19, 2005

#363915

WEMMH #317053 (Rev. 7/05)



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WEMMH PTO/SB/21 (09-04)  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/689,927
Filing Date	October 12, 2000
First Named Inventor	Lessing, Abha
Art Unit	2179
Examiner Name	Joshua D. Campbell
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Total Number of Pages in this Submission

17

## ENCLOSURES (check all that apply)

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br>\$60.00 (PTO 2038)<br><input checked="" type="checkbox"/> Amendment Response Rule 116<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request 1 <sup>st</sup> mo.<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP		
Signature			
Printed Name	Clifford W. Browning		
Date	September 19, 2005	Reg. No.	32,201

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**September 19, 2005**

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CLIFFORD W. BROWNING

Name of Registered Representative

Signature

September 19, 2005

Date of Signature